

Testimony Before the Public Health Committee

By Jeannette DeJesus, Executive Director, Hispanic Health Council

S.B. 1 – An Act Concerning Access to Affordable, Quality Health Care

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Good morning Senator Handley, Representative Sayers, and members of the Public Health Committee. My name is Jeannette DeJesus and I am the Executive Director of the Hispanic Health Council. I am here to testify in support of **S.B. 1 – An Act Concerning Access to Affordable, Quality Health Care**. The mission of the Hispanic Health Council is to improve the health and social well being of Latinos and other underserved communities through community-based research, direct service, training and advocacy.

As you consider the many health care proposals before you, we wanted to lend our support to your movement toward universal health coverage, and share with you the findings of our recently released report, *A Profile of Latino Health in Connecticut*.

We found that Latinos in Connecticut face a number of significant impediments to accessing health care. Lack of health insurance coverage has been widely documented as one major barrier. However, insurance coverage does not guarantee access to quality care.

Latinos in Connecticut experience a web of barriers to accessing and utilizing care and to receiving quality care within the health care setting. These barriers result in:

- Delayed health care utilization until health conditions are more advanced and more costly — to them, their communities and the state as a whole and
- Incorrect follow-through on health instructions and referrals, stemming from misunderstandings and resulting in inadequate self-care and disease management.

Universal Health Care would be a system of health care that provides high quality care at an affordable cost and leaves no one out. While the United States is the wealthiest country in the world and spends more per capita on health care than any other country, it lacks a universal health care system, and has a long way to go to achieve the principals of universal health care. In fact, the World Health Organization ranks the U.S. 37th in the world in overall health care quality (Conyers, J., 2003). In 2004, nearly 16% of the U.S. civilian, non-institutionalized population, lacked health insurance and it is estimated that an additional 8% are underinsured — that is, insured but failing to see a doctor because of insufficient coverage and additional cost. In fact, in the U.S., 3/4 of those who have difficulty paying their medical bills have some form of insurance (Centers for Disease Control and Prevention, 1998).

Widespread lack of health insurance is arguably one the most urgent health problems facing Latinos today, contributing to poor health outcomes and premature death. Connecticut has one of the lowest 'un-insurance levels' in the country, the eighth lowest in the nation and the sixth lowest among the employed, with about ten percent of the adult population lacking health insurance (Robert Wood Johnson Foundation/RWJF, 2005). However, lack of health insurance coverage is higher for Latinos than for any other major ethnic population in the state.

While Latinos represent 9% of Connecticut's residents, they account for a staggering 40% of Connecticut's uninsured population. In addition, the uninsured rate among Latinos shows no signs of abating. In fact, the percentage of Latinos who are insured in Connecticut actually declined from 87% in 1997 to 76% in 2000. The proportion of Latinos participating in Medicaid plans also declined from 18% in 1997 to 14% in 2000 (Center for Research and Public Policy/CRP, 2002).

Almost one in four individuals earning under \$25,000 does not have health insurance in the state. This figure includes many working poor, self-employed, and unemployed. People who do not finish high school are more than five times less likely to have health insurance than individuals who graduate from college (McMillen et al., 2004). In Connecticut, Latinos earn a per capita income of only \$13,123 (U.S. Census Bureau, 2000a) and represent the highest poverty rate of any racial/ethnic group (32%). In this context, when health care is not employer-sponsored, it is simply unaffordable to many Latino families (KFF, 2002c).

The effects of 'uninsurance' on the quality of life of Latinos are profound. National indicators show that uninsured Latinos are two to three times more likely to go without needed health care, resulting in higher rates of preventable disease and premature death (Rios, 2001). There is a correlation between lower rates of insurance coverage and lower rates of health care service utilization among Connecticut's Latinos. The Robert Wood Johnson Foundation (2005) reported that nationally, 37.7% of uninsured Latinos are unable to see a physician at a time of need compared to about 10% of insured Latinos. The Connecticut Office of Health Care Access (CT OHCA, 2002) household survey on health care access found that 9% of people who lacked health insurance did not receive emergency care when they needed it during 2000.

The costs of lack of insurance coverage are significant. It is estimated that Connecticut loses between \$584 million and \$1.164 billion annually due to increased morbidity and mortality from preventable diseases among the uninsured (McMillen et al., 2004). Such preventable disease is not evenly distributed but tends to cluster among the poor and ethnic minorities. Disparate rates and experiences with a number of health conditions are highlighted later in this document.

Not surprisingly, survey findings indicate that lack of health insurance is a major concern for Connecticut's Latino residents and leaders alike; 75% of Latino residents and 90% of Latino leaders reported lack of health insurance to be one of their top ten concerns (CRP 2000, 13). This critical issue, lack of insurance coverage, is disproportionately experienced by Latinos in Connecticut, who subsequently experience disproportionate impact on their access to health services and their health outcomes.

In conclusion, we applaud your efforts in providing greater coverage. It will make a tremendous difference to the Latino population of Connecticut, and to the health of our state.